Behavioral Health Integration in Maryland

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Message from Secretary Sharfstein

• The Department is committed to integrated care across medical diseases, mental health conditions, and substance use disorders.

• Using our new ASO contract, the Department will be facilitating integrated care across the health care system.
What is Behavioral Health?

• “Behavioral health” includes substance use disorders, addictive disorders, and mental disorders.

“Behavioral health care” includes prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services, for persons with substance use disorders, addictive disorders, or mental disorders, or a combination of these.
Key elements of an integrated BH system

- Public health focus
- Staff integration and cross training
- Data analysis to manage and monitor population and consumer health (includes focus on outcomes)
- Prevention and Early Intervention
- Creation of incentives in medical and specialty behavioral health reimbursement
- Reduce health disparities
- Promote medical integration
- Coordinate with other systems such as criminal justice, education, child welfare
- Preserve “safety net” funding
Prevention and Early Intervention
Prevention and early intervention Services

– Overdose Prevention
– Suicide Prevention
– Smoking Reduction
– Problem Gambling
– College Drinking Initiative
Prevention and Early Intervention Services

- Crisis services
- Screening and early intervention programs for psychotic illness
- Coordination with primary care and other resources (BHIPP, SBIRT)
- Mental Health First Aid
Mental Health First Aid (MHFA)
Mental Health First Aid

The help provided to a person developing a mental health problem or experiencing a crisis until professional or other assistance, including peer or family support, is engaged or the crisis resolves.
Why Mental Health First Aid?

• Mental health problems are common
• Stigma is associated with mental health problems
• Many people are not well informed about mental health problems
• Professional help is not always on hand
• People often do not know how to respond
• People with mental health problems often do not seek help
Mental Health First Aid (MHFA)

MHFA covers the following diagnoses:

- Psychosis
- Depression
- Suicide
- Anxiety
- Substance Use Disorders
MHFA - Evidenced Effectiveness

Four published randomized control trials and a qualitative study (in Australia) have shown that MHFA

- Increases mental health literacy
- Expands individuals’ knowledge of how to help someone in crisis
- Connects individuals to needed services
- Reduces stigma
MHFA - By the Numbers

• Nearly 60,000 Americans certified in Mental Health First Aid
  – 4000+ certified in Maryland

• 2000 credentialed instructors
  – 200 in Maryland

• 48 state presence
  – All counties in Maryland
MHFA In Maryland

MHFA has been taught to a wide range of professional groups in Maryland, including staff and administrators of:

- Maryland state psychiatric facilities
- Colleges and universities
- Core Service Agencies
- Behavioral Health clinics
- Youth service organizations
- Court Services and Corrections
Substance Use Disorders in MHFA

Alcohol and Substance Use Disorders are a key component of the core MHFA course. Data on prevalence of SUD’s are reviewed. Signs and symptoms of Alcohol and Substance Use Disorders are identified.
Other Services
BHA Specialized Services

• Traumatic Brain Injury
• Ticket to Work
• Maryland Commitment to Veterans
• Trauma, Addictions, Mental Health, and Recovery (T.A.M.A.R.)
• Homeless ID Project
• DataLink
Traumatic Brain Injury

• BHA directs the state’s plans, initiatives, and services for individuals with TBI
• Maryland TBI Advisory Board
  – Investigate the needs of citizens with TBI
  – Identify gaps in services
  – Facilitate collaboration among state agencies that provide services to individuals with TBI
  – Provider capacity and provider training
Traumatic Brain Injury and Alcohol

• Between 37-51% of individuals hospitalized for TBI were intoxicated at the time of injury & have a history of alcohol misuse

• Individuals with a history of pre-injury alcohol use have a more complicated course of recovery and generally poor rehabilitation and social outcomes

(Parry-Jones et.al 2006)
TBI and SUD

• Intoxication associated with likelihood of injury, and likelihood of incurring a TBI
• Prior history of SUD associated with more severe TBI
• 60% of adolescents and adults treated in TBI rehabilitation have prior histories of SUD
• Equally large proportions present in SUD treatment populations
• 10% of individuals with TBI develop SUD for the first time after TBI

(John D. Corrigan, PhD 2010)
Maryland Commitment to Veterans

- Confidential forum for veterans and family members
- Helps link veterans with needed resources
- Approximately 450,000 Maryland veterans and their families are eligible to utilize services provided by Maryland’s Commitment to Veterans.
- Regional Resource Coordinators cover the entire state of Maryland; they assist in coordinating comprehensive wellness and behavioral health services.
Health Homes

• Opioid Treatment Programs, Mobile Treatment Programs, Psychiatric Rehabilitation Programs

• Target populations – Medicaid recipients with behavioral health needs who are at high risk for additional chronic conditions
Health Homes - Federally Mandated Services

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Client and family support
- Referral to community and social services
Administrative Services Organization (ASO)
Administrative Services Organization

• ValueOptions® Maryland

• 3 year contract plus 2 option years

• Management of Mental Health and Substance Use Disorder services for Maryland Medicaid Recipients and eligible uninsured individuals
ASO Timeline

• Implementation phase – starting now
• ASO contract starts January 1, 2015
• Medicaid SUD services managed by ASO January 1, 2015
• Uninsured SUD services managed by ASO starting July 1, 2015
Services Performed by ASO

• Authorization of services based on Medical Necessity
  – BHA Mental Health Criteria
  – The ASAM Criteria
• Claims payment
• Provider relations
  – Enrollment of providers
  – Provider training and technical assistance
Services Performed by ASO

• Data Collection and Analysis
  – Outcome measurement
• Care Coordination
• High utilizer programs
• Clinical consultation to providers
• Customer service – for providers and consumers
Services Performed by ASO

• Quality Assurance
• Quality of Care
• Audits
• Special projects
What to Expect - Difference between ASO and MCOs

• Work with 1 organization rather than multiple MCOs
• DHMH determines how the benefits are administered
• One pharmacy formulary and prior authorization process. SUD Pharmacy is carved out – managed by Medicaid Pharmacy
• Data to be submitted to ASO – Details later
Conclusion

• We will be raising our expectations for cooperation --- and creating pathways for better communications and patient care.

• Between now and January 1, we’ll be talking more about changes to support integrated care.

• The more you are able to prepare for a new world of integrated care now, the better prepared you will be for 2015.